

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois
(State)

Case number (if known) _____

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):	
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport) Bring your picture identification to your meeting with the trustee.	Matthew First name	First name	
	Middle name Murphy	Middle name	
	Last name	Last name	
	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)	
2. All other names you have used in the last 8 years Include your married or maiden names.	First name	First name	
	Middle name	Middle name	
	Last name	Last name	
	First name	First name	
	Middle name	Middle name	
	Last name	Last name	
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	XXX - XX- 4278 OR 9 xx - XX-	XXX - XX- _____ OR 9 xx - XX-	

Debtor 1	Matthew	Middle Name	Murphy	Last Name	Case number (<i>if known</i>)
About Debtor 1:			About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	<input checked="" type="checkbox"/> I have not used any business names or EINs.		<input type="checkbox"/> I have not used any business names or EINs.		
Include trade names and doing business as names	Business name		Business name		
	Business name		Business name		
	EIN		EIN		
	EIN		EIN		
5. Where you live	If Debtor 2 lives at a different address:				
110 Candlelight Ln.	Number	Street	Number	Street	
Morris	Illinois	60450	City	State	Zip Code
Grundy	County		County		
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.			If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
Number	Street	Number	Street		
City	State	Zip Code	City	State	Zip Code
6. Why you are choosing this district to file for bankruptcy	<i>Check one:</i>		<i>Check one:</i>		
	<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		<input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
	<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. §§ 1408.)		<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. §§ 1408.)		

Debtor 1 Matthew Murphy Case number (if known) _____
First Name Middle Name Last Name

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.

Yes. District _____

When _____

Case number _____
MM / DD / YYYY

District _____

When _____

Case number _____
MM / DD / YYYY

District _____

When _____

Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No.

Yes. Debtor _____

District _____

When _____

Relationship to you _____
Case number, if known _____
MM / DD / YYYY

Debtor _____

When _____

Relationship to you _____
Case number, if known _____
MM / DD / YYYY

District _____

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Matthew Murphy Case number (if known) _____
First Name Middle Name Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any

Number Street

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City State Zip Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State Zip Code

Debtor 1 Matthew
First Name

Middle Name Murphy
Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1	Matthew First Name	Middle Name	Murphy Last Name	Case number (if known)
<p>For your attorney, if you are represented by one</p> <p>I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.</p>				
If you are not represented by an attorney, you do not need to file this page.	<input checked="" type="checkbox"/> /s/ James Durkee Signature of Attorney for Debtor		Date 4/11/2018 MM / DD / YYYY	
<p>James Durkee Printed name</p> <p>Malmquist Geiger & Durkee Firm name</p> <p>415 Liberty St Street</p> <p> </p> <p>Morris City</p> <p>Illinois State</p> <p>60450 Zip Code</p> <p>Contact phone 8159425072</p> <p>Email address jimdurkee@mglawoffices.com</p> <p>6294297 Bar number</p> <p>IL State</p>				

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Matthew		Murphy
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Illinois	
Case number (If known)			

Official Form 106A/B

Check if this is an amended filing

12/15

Schedule A/B: Property

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2

Yes. Where is the property?

1.1

Street address, if available, or other description
7805 Douglas St.

Number Street

Morris Illinois 60450
City State Zip Code

Grundy
County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$145000.00 Current value of the portion you own? \$145000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
 (see instructions)

If you own or have more than one, list here:

1.2

Street address, if available, or other description

Number Street

City State Zip Code

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____ Current value of the portion you own? _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
 (see instructions)

Debtor 1	Matthew	Middle Name	Murphy	Last Name	Case number (if known)
1.3	Street address, if available, or other description		What is the property? Check all that apply.		Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
			<input type="checkbox"/> Single-family home		
			<input type="checkbox"/> Duplex or multi-unit building		
			<input type="checkbox"/> Condominium or cooperative		
			<input type="checkbox"/> Manufactured or mobile home		
			<input type="checkbox"/> Land		
			<input type="checkbox"/> Investment property		
			<input type="checkbox"/> Timeshare		
			<input type="checkbox"/> Other _____		
			Current value of the entire property? _____		Current value of the portion you own? _____
			Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. _____		
			Check if this is community property (see instructions) <input type="checkbox"/>		
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ►				\$145000.00	

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make _____
 Model: _____
 Year: _____
 Approximate mileage: _____

Other information: _____

Who has an interest in the property? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? _____ Current value of the portion you own? _____

3.2 Make _____
 Model: _____
 Year: _____
 Approximate mileage: _____

Other information: _____

Who has an interest in the property? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? _____ Current value of the portion you own? _____

Debtor 1	Matthew	Murphy	Case number (if known)
First Name	Middle Name	Last Name	
3.3 Make Model: _____ Year: _____ Approximate mileage: _____		<p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)</p> <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p>	
Other information: _____		Current value of the entire property?	Current value of the portion you own?
3.4 Make Model: _____ Year: _____ Approximate mileage: _____		<p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)</p> <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p>	
Other information: _____		Current value of the entire property?	Current value of the portion you own?
4 Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.1 Make Model: _____ Year: _____ Approximate mileage: _____		<p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)</p> <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p>	
Other information: _____		Current value of the entire property?	Current value of the portion you own?
4.2 Make Model: _____ Year: _____ Approximate mileage: _____		<p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)</p> <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p>	
Other information: _____		Current value of the entire property?	Current value of the portion you own?
5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here 			

Debtor 1 Matthew Murphy Case number (if known) _____
First Name Middle Name Last Name

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe...

Two televisions, sectional couch, farm table

\$1600.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music

No

Yes. Describe...

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe...

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe...

Golf clubs

\$150.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe...

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe...

Personal clothing

\$500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe...

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe...

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Describe...

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$3050.00

Debtor 1 Matthew Murphy Case number (if known) _____
First Name Middle Name Last Name

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes

Cash:

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes

Institution name:

17.1. Checking account: First Midwest Bank \$1455.01

17.2. Checking account: _____

17.3. Savings account: _____

17.4. Savings account: _____

17.5. Certificates of deposit: _____

17.6. Other financial account: _____

17.7. Other financial account: _____

17.8. Other financial account: _____

17.9. Other financial account: _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, Investment accounts with brokerage firms, money market accounts

No
 Yes

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them

Name of entity

% of ownership:

Debtor 1	Matthew	Middle Name	Murphy	Case number (if known)
First Name		Last Name		
20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Give specific information about them.....	Issuer name: _____ _____ _____			
21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans				
<input type="checkbox"/> No	Type of account:	Institution name:		
<input checked="" type="checkbox"/> Yes. List each account separately.	401(k) or similar plan:			
	Pension plan:	Local 174 Carpenter's Union		
	IRA:	Unknown		
	Retirement account:			
	Keogh:			
	Additional account:			
	Additional account:			
22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others				
<input checked="" type="checkbox"/> No	Institution name:			
<input type="checkbox"/> Yes....	Electric:			
	Gas:			
	Heating oil:			
	Security deposit on rental unit:			
	Prepaid rent:			
	Telephone:			
	Water:			
	Rented furniture:			
	Other:			
23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)				
<input checked="" type="checkbox"/> No	Issuer name and description:			
<input type="checkbox"/> Yes....				
_____ _____ _____				

Debtor 1	Matthew	Middle Name	Murphy	Case number (if known)
First Name		Last Name		
24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).				
<input checked="" type="checkbox"/> No Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c): <input type="checkbox"/> Yes.... <hr/> <hr/> <hr/>				
25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe... <hr/>				
26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe... <hr/>				
27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe... <hr/>				
Money or property owed to you?				
Current value of the portion you own? Do not deduct secured claims or exemptions:				
28. Tax refunds owed to you				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information about them, including whether you already filed the returns and the tax years..... <hr/>				
Federal: \$0.00 State: \$0.00 Local: \$0.00				
29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information..... <hr/>				
Alimony: \$0.00 Maintenance: \$0.00 Support: \$0.00 Divorce settlement: \$0.00 Property settlement: \$0.00				
30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe... <hr/>				

Debtor 1	First Name	Middle Name	Last Name	Case number (if known)																
<p>31. Interests in insurance policies <i>Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance</i></p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> No</td> <td>Company name:</td> <td>Beneficiary:</td> <td>Surrender or refund value:</td> </tr> <tr> <td><input type="checkbox"/> Yes. Name the insurance company of each policy and list its value.....</td> <td colspan="3">_____</td> </tr> <tr> <td colspan="4">_____</td> </tr> <tr> <td colspan="4">_____</td> </tr> </table>					<input checked="" type="checkbox"/> No	Company name:	Beneficiary:	Surrender or refund value:	<input type="checkbox"/> Yes. Name the insurance company of each policy and list its value.....	_____			_____				_____			
<input checked="" type="checkbox"/> No	Company name:	Beneficiary:	Surrender or refund value:																	
<input type="checkbox"/> Yes. Name the insurance company of each policy and list its value.....	_____																			

<p>32. Any interest in property that is due you from someone who has died <i>If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.</i></p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Yes. Describe...</td> <td>_____</td> </tr> <tr> <td colspan="2">_____</td> </tr> </table>					<input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes. Describe...	_____	_____											
<input checked="" type="checkbox"/> No	_____																			
<input type="checkbox"/> Yes. Describe...	_____																			

<p>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment <i>Examples: Accidents, employment disputes, insurance claims, or rights to sue</i></p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Yes. Describe...</td> <td>_____</td> </tr> <tr> <td colspan="2">_____</td> </tr> </table>					<input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes. Describe...	_____	_____											
<input checked="" type="checkbox"/> No	_____																			
<input type="checkbox"/> Yes. Describe...	_____																			

<p>34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Yes. Describe...</td> <td>_____</td> </tr> <tr> <td colspan="2">_____</td> </tr> </table>					<input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes. Describe...	_____	_____											
<input checked="" type="checkbox"/> No	_____																			
<input type="checkbox"/> Yes. Describe...	_____																			

<p>35. Any financial assets you did not already list</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Yes. Describe...</td> <td>_____</td> </tr> <tr> <td colspan="2">_____</td> </tr> </table>					<input checked="" type="checkbox"/> No	_____	<input type="checkbox"/> Yes. Describe...	_____	_____											
<input checked="" type="checkbox"/> No	_____																			
<input type="checkbox"/> Yes. Describe...	_____																			

<p>36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here \$1455.01</p>																				
<p>Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.</p>																				
<p>37. Do you own or have any legal or equitable interest in any business-related property?</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> No. Go to Part 6.</td> <td rowspan="2" style="vertical-align: middle; padding-left: 20px;">Current value of the portion you own? Do not deduct secured claims or exemptions</td> </tr> <tr> <td><input type="checkbox"/> Yes. Go to line 38.</td> </tr> </table>					<input checked="" type="checkbox"/> No. Go to Part 6.	Current value of the portion you own? Do not deduct secured claims or exemptions	<input type="checkbox"/> Yes. Go to line 38.													
<input checked="" type="checkbox"/> No. Go to Part 6.	Current value of the portion you own? Do not deduct secured claims or exemptions																			
<input type="checkbox"/> Yes. Go to line 38.																				
<p>38. Accounts receivable or commissions you already earned</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> No</td> <td rowspan="2" style="vertical-align: middle; padding-left: 20px;">Current value of the portion you own? Do not deduct secured claims or exemptions</td> </tr> <tr> <td><input type="checkbox"/> Yes. Describe...</td> </tr> </table>					<input checked="" type="checkbox"/> No	Current value of the portion you own? Do not deduct secured claims or exemptions	<input type="checkbox"/> Yes. Describe...													
<input checked="" type="checkbox"/> No	Current value of the portion you own? Do not deduct secured claims or exemptions																			
<input type="checkbox"/> Yes. Describe...																				
<p>39. Office equipment, furnishings, and supplies <i>Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices</i></p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> No</td> <td rowspan="2" style="vertical-align: middle; padding-left: 20px;">Current value of the portion you own? Do not deduct secured claims or exemptions</td> </tr> <tr> <td><input type="checkbox"/> Yes. Describe...</td> </tr> </table>					<input checked="" type="checkbox"/> No	Current value of the portion you own? Do not deduct secured claims or exemptions	<input type="checkbox"/> Yes. Describe...													
<input checked="" type="checkbox"/> No	Current value of the portion you own? Do not deduct secured claims or exemptions																			
<input type="checkbox"/> Yes. Describe...																				

Debtor 1	Matthew	Middle Name	Murphy	Case number (if known)
First Name		Last Name		
40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Describe... _____				
41. Inventory				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Describe... _____				
42. Interests in partnerships or joint ventures				
<input checked="" type="checkbox"/> No		Name of entity:	% of ownership:	
<input type="checkbox"/> Yes. Give specific information about them		_____	_____	_____
43. Customer lists, mailing lists, or other compilations				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?				
<input type="checkbox"/> No		_____	_____	
<input type="checkbox"/> Yes. Describe.....		_____	_____	
44. Any business-related property you did not already list				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Give specific information				

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here				
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.				
If you own or have an interest in farmland, list it in Part 1.				
46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?				
<input checked="" type="checkbox"/> No. Go to Part 7.				
<input type="checkbox"/> Yes. Go to line 47.				
47. Farm animals				
Examples: Livestock, poultry, farm-raised fish				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Describe... _____				
Current value of the portion you own?				
Do not deduct secured claims or exemptions				

Debtor 1 Matthew	Middle Name	Murphy	Case number (if known)
First Name	Middle Name	Last Name	
48. Crops-either growing or harvested			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Describe... 			
49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Describe... 			
50. Farm and fishing supplies, chemicals, and feed			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Describe... 			
51. Any farm- and commercial fishing-related property you did not already list			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Describe... 			
52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here 			
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above			
53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership			
<input checked="" type="checkbox"/> No 			
<input type="checkbox"/> Yes. Give specific information 			
54. Add the dollar value of all of your entries from Part 7. Write that number here 			
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2 \$145000.00			
56. part 2 total vehicles, line 5			
57. Part 3: Total personal and household items, line 15 \$3050.00			
58. Part 4: Total financial assets, line 36 \$1455.01			
59. Part 5: Total business-related property, line 45			
60. Part 6: Total farm- and fishing-related property, line 52			
61. Part 7: Total other property not listed, line 54			
62. Total personal property. Add lines 56 through 61. + \$4505.01			
Copy personal property total 			
\$149505.01			
63. Total of all property on Schedule A/B. Add line 55 + line 62. 			

Debtor 1 Matthew Murphy Case number (if known) _____
First Name Middle Name Last Name

Schedule A/B: Property. Additional page

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6.2. Household goods and furnishings

No

Yes. Describe...

Personal office equipment, laptop, DVD/BD player, DVD's

\$300.00

6.3. Household goods and furnishings

No

Yes. Describe...

Grandfather clock

\$500.00

Fill in this information to identify your case:			
Debtor 1	Matthew	Murphy	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>Two televisions, sectional couch, farm table</u>	\$1,600.00	<input checked="" type="checkbox"/> \$1,594.99 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from Schedule A/B: <u>06</u>			
Brief description: <u>Personal clothing</u>	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Line from Schedule A/B: <u>11</u>			

3. Are you claiming a homestead exemption of more than \$160,375?
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 Matthew Murphy Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
		<i>Copy the value from Schedule A/B</i>	
Brief description: <u>Golf clubs</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> <u>100% of fair market value, up to any applicable statutory limit</u>	<u>735 ILCS 5/12-1001(b)</u>
Brief description: <u>Personal office equipment, laptop, DVD/BD player, DVD's</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> <u>100% of fair market value, up to any applicable statutory limit</u>	<u>735 ILCS 5/12-1001(b)</u>
Brief description: <u>Pension plan, Local 174 Carpenter's Union</u>	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$0</u> <input type="checkbox"/> <u>100% of fair market value, up to any applicable statutory limit</u>	<u>735 ILCS 5/12-1006</u>
Brief description: <u>Grandfather clock</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> <u>100% of fair market value, up to any applicable statutory limit</u>	<u>735 ILCS 5/12-1001(b)</u>
Brief description: <u>Checking account, First Midwest Bank</u>	<u>\$1,455.01</u>	<input checked="" type="checkbox"/> <u>\$1,455.01</u> <input type="checkbox"/> <u>100% of fair market value, up to any applicable statutory limit</u>	<u>735 ILCS 5/12-1001(b)</u>
Line from Schedule A/B: <u>09</u>			
Line from Schedule A/B: <u>06</u>			
Line from Schedule A/B: <u>21</u>			
Line from Schedule A/B: <u>06</u>			
Line from Schedule A/B: <u>17</u>			

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Matthew		Murphy
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2.	List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1	<p>NSTAR/COOPER Creditor's Name 350 HIGHLAND Number Street</p> <p>HOUSTON TX 77067 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred</p>	<p>Describe the property that secures the claim: 7805 Douglas St., Morris, IL 60450 Value: \$145,000.00</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p>	<p>\$135,192.00</p> <p>\$145,000.00</p> <p>\$0.00</p>	
		<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p> <p>3046</p>	<p>\$135,192.00</p>	

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Northern</u>		District of <u>Illinois</u> (State)	
Case number (If known)			

Official Form 106E/F

Check if this is an amended filing

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No, Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Illinois Department of Revenue Priority Creditor's Name P.O. Box 64338 Number Street	Last 4 digits of account number	When was the debt incurred?	As of the date you file, the claim is: Check all that apply.
Chicago Illinois 60664 City State Zip Code		n/a	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Check if this claim relates to a community debt <input type="checkbox"/>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2 Indiana Department of Revenue Priority Creditor's Name 100 N. Senate Ave., Room N203 - Bankruptcy Number Street	Last 4 digits of account number	\$1,119.00	\$1,119.00
Indianapolis Indiana 46204 City State Zip Code	When was the debt incurred?	\$0.00	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Check if this claim relates to a community debt <input type="checkbox"/>	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Matthew Murphy Case number (if known) _____

First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

			Total claim	Priority amount	Nonpriority amount
2.3	Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Number Street Philadelphia Pennsylvania 19101 City State Zip Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$20,245.58	\$20,245.58	\$0.00
2.4	Murphy, Danica Priority Creditor's Name 1449 Scott Circle Number Street Morris Illinois 60450 City State Zip Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$26,208.50	\$26,208.50	\$0.00

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim relates to a community debt

Is the claim subject to offset?

No
 Yes

Debtor 1	Matthew	Middle Name	Murphy	Case number (if known)
First Name		Last Name		
Part 2: List All of Your NONPRIORITY Unsecured Claims				
3. Do any creditors have nonpriority unsecured claims against you?				
<input type="checkbox"/> No. You have nothing to report in this part. Submit this form to the court with your other schedules.				
<input checked="" type="checkbox"/> Yes.				
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.				
4.1 CAPITAL ONE Nonpriority Creditor's Name 11013 W BROAD ST Number Street				Total claim
				\$2,563.00
Last 4 digits of account number <u>5789</u>				
When was the debt incurred? <u>7/2015</u>				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.2 CAPITAL ONE Nonpriority Creditor's Name 11013 W BROAD ST Number Street				Total claim
				\$570.00
Last 4 digits of account number <u>6695</u>				
When was the debt incurred? <u>2/2014</u>				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.3 CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street				Total claim
				\$1,340.00
Last 4 digits of account number <u>3043</u>				
When was the debt incurred? <u>12/2014</u>				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection; Collecting for ORIGINAL CREDITOR: MEDICAL</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Matthew Murphy Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4	CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street	Last 4 digits of account number <u>6360</u>	\$844.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Collection; Collecting for Other, Specify <u>ORIGINAL CREDITOR: MEDICAL</u></p>			
4.5	CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street	Last 4 digits of account number <u>2822</u>	\$798.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Collection; Collecting for Other, Specify <u>ORIGINAL CREDITOR: MEDICAL</u></p>			
4.6	CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street	Last 4 digits of account number <u>9151</u>	\$615.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Collection; Collecting for Other, Specify <u>ORIGINAL CREDITOR: MEDICAL</u></p>			

Debtor 1 Matthew Murphy Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

		Total claim
4.7	<p>CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street</p> <p>STREATOR Illinois 61364 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1293 When was the debt incurred? 3/2014</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for Other, Specify ORIGINAL CREDITOR: MEDICAL</p>
4.8	<p>CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street</p> <p>STREATOR Illinois 61364 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6431 When was the debt incurred? 2/2013</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for Other, Specify ORIGINAL CREDITOR: MEDICAL</p>
4.9	<p>CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street</p> <p>STREATOR Illinois 61364 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2434 When was the debt incurred? 11/2011</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for Other, Specify ORIGINAL CREDITOR: MEDICAL</p>

Debtor 1 Matthew Murphy Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	<u>CDA/PONTIAC</u> Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street	Last 4 digits of account number <u>1620</u> When was the debt incurred? <u>11/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for Other. Specify <u>ORIGINAL CREDITOR: MEDICAL</u>	\$163.00
4.11	<u>CDA/PONTIAC</u> Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street	Last 4 digits of account number <u>4938</u> When was the debt incurred? <u>12/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for Other. Specify <u>ORIGINAL CREDITOR: MEDICAL</u>	\$163.00
4.12	<u>CDA/PONTIAC</u> Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street	Last 4 digits of account number <u>2653</u> When was the debt incurred? <u>7/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for Other. Specify <u>ORIGINAL CREDITOR: MEDICAL</u>	\$145.00

Debtor 1	Matthew	Middle Name	Murphy	Case number (if known)
First Name		Last Name		
Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page				
After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.13	CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street		Last 4 digits of account number 4860 When was the debt incurred? 6/2016	\$115.00
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for Other. Specify <u>ORIGINAL CREDITOR: MEDICAL</u>				
4.14	CDA/PONTIAC Nonpriority Creditor's Name 415 E MAIN POB 213 Number Street		Last 4 digits of account number 5607 When was the debt incurred? 2/2015	\$76.00
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Collection; Collecting for Other. Specify <u>ORIGINAL CREDITOR: MEDICAL</u>				
4.15	CREDITONEBNK Nonpriority Creditor's Name PO BOX 98872 Number Street		Last 4 digits of account number 3032 When was the debt incurred? 6/2017	\$1,597.00
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>				

Debtor 1 Matthew Murphy Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16	CREDITONEBNK Nonpriority Creditor's Name PO BOX 98872 Number Street			Last 4 digits of account number <u>6925</u>	\$1,063.00
			When was the debt incurred? <u>9/2014</u>		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim relates to a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.17	FNCC Nonpriority Creditor's Name 500 EAST 60TH ST NORTH Number Street			Last 4 digits of account number <u>0093</u>	\$491.00
			When was the debt incurred? <u>10/2016</u>		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim relates to a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.18	FST PREMIER Nonpriority Creditor's Name 3820 N LOUISE AVE Number Street			Last 4 digits of account number <u>4351</u>	\$792.00
			When was the debt incurred? <u>1/2018</u>		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim relates to a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 Matthew Murphy Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19	FST PREMIER Nonpriority Creditor's Name 3820 N LOUISE AVE Number Street	Last 4 digits of account number 5726	\$541.00
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
4.20	MERRICK BK Nonpriority Creditor's Name POB 9201 Number Street	Last 4 digits of account number 1250	\$990.00
<p>When was the debt incurred? 4/2016</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard</p>			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Debtor 1 Matthew Murphy Case number (if known) _____
 First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
 Add the amounts for each type of unsecured claim.

Total claims

Total claims from Part 1	6a. Domestic support obligations.	6a. <u>\$26,208.50</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$21,364.58</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$47,573.08</u>

Total claims

Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. <u>\$13,854.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$13,854.00</u>

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Matthew		Murphy
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Illinois (State)	
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this information to identify your case:		
Debtor 1	Matthew	Murphy
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	Northern	District of Illinois (State)
Case number (if known)		

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Matthew		Murphy
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern		District of Illinois (State)
Case number (if known)			

Check if this is:

An amended filing

A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not Employed

Debtor 2

Employed
 Not Employed

Occupation

Carpenter

Technician

Employer's name

Flour Constructors

Silver Cross Hospital

Employer's address

757 River Oaks Dr.
Number Street

1900 Silver Cross Blvd.
Number Street

How long employed there?

Calumet
City
City

Illinois
State
State

60409
Zip Code

New Lenox
Illinois
City

60451
State
Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

2. \$6,049.29

For Debtor 2 or
non-filing spouse

\$7,020.93

3. + \$0.00

+ \$0.00

4. \$6,049.29

\$7,020.93

Debtor 1 First Name	Middle Name	Murphy Last Name	Case number (if known)	
			For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here			4. <u> </u> \$6,049.29	\$7,020.93
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a. <u> </u> \$1,379.60	\$1,600.10		
5b. Mandatory contributions for retirement plans	5b. <u> </u> \$0.00	\$0.00		
5c. Voluntary contributions for retirement plans	5c. <u> </u> \$0.00	\$421.24		
5d. Required repayments of retirement fund loans	5d. <u> </u> \$0.00	\$0.00		
5e. Insurance	5e. <u> </u> \$0.00	\$29.79		
5f. Domestic support obligations	5f. <u> </u> \$0.00	\$0.00		
5g. Union dues	5g. <u> </u> \$211.73	\$0.00		
5h. Other deductions. Specify: _____	5h. + <u> </u> \$380.51	+ \$0.00		
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u> </u> \$1,971.84	\$2,051.14		
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u> </u> \$4,077.45	\$4,969.79		
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u> </u> \$1,200.00	\$0.00		
8b. Interest and dividends	8b. <u> </u> \$0.00	\$0.00		
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u> </u> \$0.00	\$0.00		
8d. Unemployment compensation	8d. <u> </u> \$0.00	\$0.00		
8e. Social Security	8e. <u> </u> \$0.00	\$0.00		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: _____	8f. <u> </u> \$0.00	\$0.00		
8g. Pension or retirement income	8g. <u> </u> \$0.00	\$0.00		
8h. Other monthly income. Specify: See attached	8h. + <u> </u> \$0.00	+ \$0.00		
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u> </u> \$1,200.00	\$0.00		
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. <u> </u> \$5,277.45	+ <u> </u> \$4,969.79	= <u> </u> \$10,247.24	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + <u> </u> \$0.00			
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. <u> </u> \$10,247.24	Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____			

Debtor 1 Matthew Murphy Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Give Details About Monthly Income

Official Form 106l. Additional page.

	For Debtor 1	For Debtor 2 or non-filing spouse
5h. Other payroll deductions. Specify:		
1. Market Recov	\$74.62	\$0.00
2. Vacation Ded	\$298.44	\$0.00
3. Wage-Work As	\$7.45	\$0.00
8f. Other government assistance that you regularly receive. Specify:		
1. Food Assistance Programs Income	\$0.00	\$0.00
2. Other Government Assistance Income	\$0.00	\$0.00
8h. Other monthly income. Specify:		
1. Long Term Disability Income	\$0.00	\$0.00
2. Short Term Disability Income	\$0.00	\$0.00
3. Voluntary Household Contributions Income	\$0.00	\$0.00
4. Workers Compensation Income	\$0.00	\$0.00

8a. Net income from rental property and from operating a business, profession, or farm

8a.1 Douglas St. Rent	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$1,200.00	
Ordinary and necessary operating expenses	-\$0.00	
Net monthly income from a business, profession, or farm	\$1,200.00	

Copy here  \$1,200.00

Fill in this information to identify your case:		
Debtor 1	Matthew	Murphy
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the:	Northern	District of Illinois (State)
Case number (if known)		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below

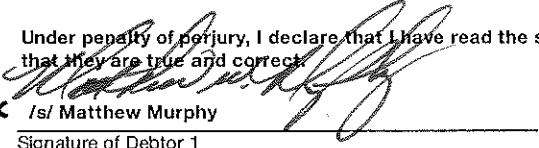
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.


X /s/ Matthew Murphy

Signature of Debtor 1

Date 4/11/2018
MM/DD/YYYY

X

Signature of Debtor 2

Date
MM/DD/YYYY

Debtor 1 Matthew Murphy Case number (if known) _____
First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes.

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$11,650.42

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:

Total claim

9a. Domestic support obligations (Copy line 6a.) **\$26,208.50**

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) **\$21,364.58**

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) **\$0.00**

9d. Student loans. (Copy line 6f.) **\$0.00**

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) **\$0.00**

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) **\$0.00**

9g. Total. Add lines 9a through 9f. **\$47,573.08**

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Matthew		Murphy	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northeast	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

\$145,000.00

1a. Copy line 55, Total real estate, from *Schedule A/B*

\$4,505.01

1b. Copy line 62, Total personal property, from *Schedule A/B*

\$149,505.01

1c. Copy line 63, Total of all property on *Schedule A/B*.....

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

\$135,192.00

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of *Schedule D*

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

\$47,573.08

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*

\$13,854.00

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*

Your total liabilities

\$196,619.08

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

\$10,247.24

Copy your combined monthly income from line 12 of *Schedule I*.....

5. Schedule J: Your Expenses (Official Form 106J)

\$7,892.33

Copy your monthly expenses from line 22, Column A, of *Schedule J*.....

Debtor 1 Matthew First Name	Middle Name	Murphy Last Name	Case number (if known)
21. Other. Specify: Daughter's expenses for braces, Son's ongoing college expenses, Court-ordered child support arrears payment, Court-ordered college expenses arrears payment			\$1,533.33
22. Calculate your monthly expenses.			
22a. Add lines 4 through 21.			
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2			
22c. Add line 22a and 22b. The result is your monthly expenses.			
23. Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.			
23b. Copy your monthly expenses from line 22 above.			
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.			
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes		Explain here:	

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Matthew		Murphy
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____	<input type="checkbox"/> Same as Debtor 1

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Matthew Murphy Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?
 Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$13671.84	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2017</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$90605.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2016</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$89312.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	_____	_____	_____
For last calendar year: (January 1 to December 31, <u>2017</u>) YYYY	_____	\$64,024.00	_____
For the calendar year before that: (January 1 to December 31, <u>2016</u>) YYYY	_____	\$712.00	_____

Debtor 1 Matthew Murphy Case number (if known) _____
 First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Internal Revenue Service	2/1/2018	\$300.00	\$6000.00	<input type="checkbox"/> Mortgage
Creditor's Name P.O. Box 7346	1/1/2018	\$300.00		<input type="checkbox"/> Car
Number Street	12/1/2018	\$300.00		<input type="checkbox"/> Credit card

Philadelphia	Pennsylvania	19101
City	State	Zip Code

Loan repayment
 Suppliers or vendors
 Other

Creditor's Name	_____	_____	_____
Number Street	_____	_____	_____

Mortgage
 Car
 Credit card
 Loan repayment
 Suppliers or vendors
 Other

City	State	Zip Code
------	-------	----------

Mortgage
 Car
 Credit card
 Loan repayment
 Suppliers or vendors
 Other

Creditor's Name	_____	_____	_____
Number Street	_____	_____	_____

Debtor 1 Matthew Murphy Case number (if known) _____

First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Number Street				
City State Zip Code				
Insider's Name				
Number Street				
City State Zip Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment <i>Include creditor's name</i>
Number Street				
City State Zip Code				
Insider's Name				
Number Street				
City State Zip Code				

Debtor 1 Matthew Murphy
 First Name Middle Name Last Name Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title
 Matthew Murphy v. Danica Murphy

Case number
 2011D144

Nature of the case
 Post-dissolution support proceedings

Court or agency

Grundy County Circuit Court

Court Name
 111 E. Washington St.

NumberStreet
 Morris Illinois 60450

City State Zip Code

Status of the case

Pending

On appeal

Concluded

Case title

Case number

Court Name

NumberStreet

City State Zip Code

Pending

On appeal

Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property

Date

Value of the property

Creditor's Name

Explain what happened

Number Street

Property was repossessed.

Property was foreclosed.

Property was garnished.

Property was attached, seized, or levied.

City State Zip Code

Describe the property

Date

Value of the property

Creditor's Name

Explain what happened

Number Street

Property was repossessed.

Property was foreclosed.

Property was garnished.

Property was attached, seized, or levied.

City State Zip Code

Debtor 1 Matthew Murphy Case number (if known) _____
First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Describe the action the creditor took Date action Amount
was taken

Creditor's Name

Number Street

Last 4 digits of account number: XXXX-

City State Zip Code

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

Number Street

City State Zip Code

Person's relationship to you

Person to Whom You Gave the Gift

Number Street

City State Zip Code

Person's relationship to you

Debtor 1 Matthew Murphy Case number (if known) _____

First Name Middle Name Last Name _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Describe what you contributed

Date you
contributed

Value

Charity's Name _____

Charity's Name	Describe what you contributed	Date you contributed	Value
----------------	-------------------------------	----------------------	-------

Number Street _____

City _____ State _____ Zip Code _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and
how the loss occurred

Describe any insurance coverage for the loss
Include the amount that insurance has paid. List
pending insurance claims on line 33 of *Schedule
A/B: Property*.

Date of your
loss

Value of property
lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted
about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Malmquist Geiger & Durkee
Person Who Was Paid
415 Liberty St
Number Street _____

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Attorney's Fee - 0.00	3/26/2018	\$0.00

Morris Illinois 60450
City State Zip Code _____

Email or website address _____

Person Who Made the Payment, if Not You

001 Debtorcc, Inc.
Person Who Was Paid
378 Summit Avenue
Number Street _____

\$15 - 15.00	3/15/2018	\$15.00
--------------	-----------	---------

Jersey City New Jersey 07306
City State Zip Code _____

Email or website address _____

Person Who Made the Payment, if Not You

Debtor 1 Matthew Murphy Case number (if known) _____

First Name Middle Name Last Name

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Description and value of any property transferred Date payment or transfer was made Amount of payment

Person Who Was Paid _____

Number Street _____

City _____ State _____ Zip Code _____

--	--	--

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred Describe any property or payments received or debts paid in exchange Date transfer was made

Person Who Received Transfer _____

Number Street _____

City _____ State _____ Zip Code _____

Person's relationship to you _____

--	--	--

Person Who Received Transfer _____

Number Street _____

City _____ State _____ Zip Code _____

Person's relationship to you _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?

(These are often called asset-protection devices.)

No

Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

--	--	--

Debtor 1 Matthew Murphy Case number (if known) _____
 First Name Middle Name Last Name

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Person Who Was Paid _____	XXXX- <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____
Number Street _____ _____			
City _____ State _____ Zip Code _____			
Person Who Was Paid _____	XXXX- <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____
Number Street _____ _____			
City _____ State _____ Zip Code _____			

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Number Street _____ _____	Name _____ Number Street _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
City _____ State _____ Zip Code _____		

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility _____ Number Street _____ _____	Name _____ Number Street _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
City _____ State _____ Zip Code _____		

Debtor 1 Matthew Murphy Case number (if known) _____
 First Name Middle Name Last Name

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Where is the property?	Describe the contents	Value
Owner's Name Number Street _____	NumberStreet _____	_____
City State Zip Code		
City State Zip Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site Number Street _____	Governmental unit NumberStreet _____	_____
City State Zip Code		
City State Zip Code		

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site Number Street _____	Governmental unit NumberStreet _____	_____
City State Zip Code		
City State Zip Code		

Debtor 1 Matthew	Middle Name	Murphy	Case number (if known)												
First Name	Last Name														
26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.															
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill in the details.		<table border="1"> <thead> <tr> <th>Court or agency</th> <th>Nature of the case</th> <th>Status of the case</th> </tr> </thead> <tbody> <tr> <td>Case title</td> <td>Court Name</td> <td><input type="checkbox"/> Pending</td> </tr> <tr> <td>Case number</td> <td>Number Street</td> <td><input type="checkbox"/> On appeal</td> </tr> <tr> <td></td> <td>City State Zip Code</td> <td><input type="checkbox"/> Concluded</td> </tr> </tbody> </table>		Court or agency	Nature of the case	Status of the case	Case title	Court Name	<input type="checkbox"/> Pending	Case number	Number Street	<input type="checkbox"/> On appeal		City State Zip Code	<input type="checkbox"/> Concluded
Court or agency	Nature of the case	Status of the case													
Case title	Court Name	<input type="checkbox"/> Pending													
Case number	Number Street	<input type="checkbox"/> On appeal													
	City State Zip Code	<input type="checkbox"/> Concluded													
Part 11: Give Details About Your Business or Connections to Any Business															
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?															
<input type="checkbox"/> A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time <input type="checkbox"/> A member of a limited liability company (LLC) or limited liability partnership (LLP) <input type="checkbox"/> A partner in a partnership <input type="checkbox"/> An officer, director, or managing executive of a corporation <input type="checkbox"/> An owner of at least 5% of the voting or equity securities of a corporation															
<input checked="" type="checkbox"/> No. None of the above applies. Go to Part 12. <input type="checkbox"/> Yes. Check all that apply above and fill in the details below for each business.															
Business Name Number Street City State Zip Code		Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed From _____ To _____												
Business Name Number Street City State Zip Code		Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed From _____ To _____												
Business Name Number Street City State Zip Code		Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed From _____ To _____												

Debtor 1 Matthew Murphy Case number (if known) _____
First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name _____

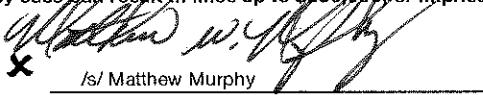
MM/DD/YYYY _____

Number Street _____

City _____ State _____ Zip Code _____

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


X _____

/s/ Matthew Murphy

Signature of Debtor 1

X _____

Signature of Debtor 2

Date 4/11/2018

Date 4/11/2018

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Matthew Murphy
Debtor

Case No. _____
(If known)
Chapter Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<u>\$4,000.00</u>
Prior to the filing of this statement I have received	<u>\$0.00</u>
Balance Due	<u>\$4,000.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify) _____

3. The source of the compensation paid to me is:

Debtor Other (specify) _____

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

4/11/2018

Date

/s/ James Durkee

Signature of Attorney

Malmquist Geiger & Durkee

Name of law firm

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN
CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

1. Discuss with the attorney the debtor's objectives in filing the case.
2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
3. Notify the attorney of any change in the debtor's address or telephone number.
4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
9. Be available to respond to the debtor's questions throughout the term of the plan.
10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
12. Object to improper or invalid claims.
13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
14. Timely respond to motions for relief from stay.
15. Prepare, file, and serve all appropriate motions to avoid liens.
16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.

2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.

2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.

3. *Discharge of the attorney.* The debtor may discharge the attorney at any time.

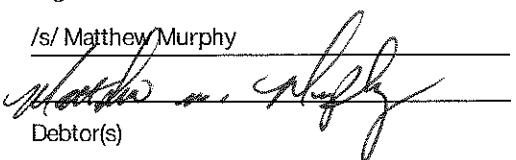
F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
2. In addition, the debtor will pay the filing fee in the case and other expenses of \$310.00
3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00 ; and \$0.00 for expenses, leaving a balance due of \$4,310.00
4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 4/11/2018

Signed:

/s/ Matthew Murphy


Matthew Murphy
Debtor(s)

/s/ James Durkee

James Durkee
Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.

NSTAR/COOPER
350 HIGHLAND
HOUSTON, TX, 77067

CAPITAL ONE
11013 W BROAD ST
GLEN ALLEN, VA, 23060

CREDITONEBNK
PO BOX 98872
LAS VEGAS, NV, 89193

CDA/PONTIAC
415 E MAIN POB 213
STREATOR, IL, 61364

MERRICK BK
POB 9201
OLD BETHPAGE, NY, 11804

FST PREMIER
3820 N LOUISE AVE
SIOUX FALLS, SD, 57107

FNCC
500 EAST 60TH ST NORTH
SIOUX FALLS, SD, 57104

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA, 19101

Illinois Department of Revenue
P.O. Box 64338
Chicago, IL, 60664

Murphy, Danica
1449 Scott Circle
Morris, IL, 60450

Indiana Department of Revenue
100 N. Senate Ave., Room N203 - Bankruptcy
Indianapolis, IN, 46204

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

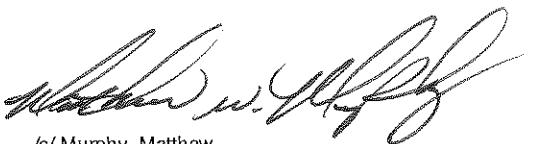
In re: Murphy, Matthew
Debtor(s)

Case No. _____
Chapter. Chapter13

VERIFICATION OF CREDITOR MATRIX

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 4/11/2018



/s/ Murphy, Matthew

Murphy, Matthew
Signature of Debtor